STATE OF SOUTH CAROLINA	,	266072 RTX-2016-293-T BEFORE THE RTSC 2016-292-T
)	BEFORE THE RTSC 2016-292-T
(Caption of Case)		JBLIC SERVICE COMMISSION OF SOUTH CAROLINA
Example: Application for a Class C Chartee John Doe dba Doe's Limo	r Certificate from)	OF SOUTH CAROLINA
and complete and the anti-company of the factor of the contracting of the factor of the contraction of the c	j	
Request for tempo Suspension	COXX) TRA	INSPORTATION COVER SHEET
Suspension	idiy	
al sperbior ;) DO	CKET
) NU	mber: 2014 - 305 - T
) If this is you	or first time filing an application with the PSC, you will not
		tet Number. The Commission will assign one to you. If you
) have filed w	ith the Commission before, a Docket Number was assigned
(Please type or print)) and should l	pe entered above.
Submitted by: Tarekould lax	Telephor	ne: 8435932191
Address: 811100	Ave Fax:	
Murtle Bea		8434497738
113	Email:	green wattown Ison uce mail w
NOTE: The cover sheet and information conta	ined herein neither replaces nor supple	ments the filing and service of pleadings or other papers
as required by law. This form is required for		of South Carolina for the purpose of docketing and must
be filled out completely.		
N.	ATURE OF ACTION (Check al	l that apply)
Application - Class C Taxi		Request to Amend Scope of Authority
Application - Class C Charter		Request to Amend Tariff (rate increase, etc.)
Application - Class C Charter Bus		Request to Amend Passenger Limit
Application - Class C Non-Emerger	cy	Request to Amend Passenger Limit Request Late-Filed Exhibit Letter
Application - Class E Household G	oods	☐ Exhibit
Application - Class E Hazardous W	aste	Late-Filed Exhibit
		Letter FFICE
Request for Extension to Comply w	th Order	Proposed Order
Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded		Publisher's Affidavit
Request for Cancellation of Certific	ite	Reservation Letter
Request for Suspension		Response
Request for Reinstatement		Return to Petition
Request for Name Change on Certif	icate	Other:

REQUEST FOR SUSPENSION FORM

Mail or Fax a copy of this form to:

Need Assistance with completing the Form?

Public Service Commission of South Carolina Clerk's Office 101 Executive Center Dr., Ste 100 Columbia, S.C. 29210	SC Office of Regulatory Staff Transportation Department		
PHONE (803) 896-5100 FAX (803) 896-5199	PHONE: (803) 737-0800		
DATE: 8-11-2016			
Please consider this as my Request for Suspension	of:		
Class C Taxi Certificate Number			
Class C Charter Certificate Number			
Class C Charter Bus Certificate Number			
Non-Emergency Certificate Number 9013			
Class E Household Goods Certificate Number			
Class E Hazardous Wastes Certificate Number			
I request that my certificate be suspended until	06/2016		
Da	te: (mm/dd/yyyy)		
Freen with a wikon ice or	va TYC Transportation Service		
(Name of Company)	(if applicable)		
(Street and or Mailing Address)	(City, State, Zip Code)		
(Suleet and of Mailing Address)	(City, State, 2ip code)		
8435932191	Thekqualitalla owner		
(Telephone Number)	(Signature and Title, i.e, President, Owner)		
Pursuant to Regulation 103-164 applications ar	re to state clearly and concisely the justification		
for the proposed suspension of service.			
Reason for Request for Suspension of Operation	ns:		
20 + can more time +	o come in compliance		
whit the state rea	urrement to maintain		
My certicale.			